

FILED JAN 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 42589
Registrar's No. 10831

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10831	
1. PLACE OF DEATH a. COUNTY Missouri 5				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 2129			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 5 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION Masonic Hospital				16. STREET ADDRESS (If rural, give location) 5351 Delmar			
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) Joseph		c. (Last) Mathis		4. DATE OF DEATH (Month) (Day) (Year) 12-19-50	
5. SEX M 0		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W 2		8. DATE OF BIRTH Nov-5-1863	
9. AGE (In years last birthday) 87		10. IF UNDER 1 YEAR Months 1 Days 19		11. IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Marion County, Iowa /	
12. CITIZEN OF WHAT COUNTRY? USA							
13a. FATHER'S NAME Frederick B. Mathis				13b. MOTHER'S MAIDEN NAME Rebecca McAdams		14. NAME OF HUSBAND OR WIFE Minnie Ferguson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Louis C. Rauts		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 151X			
22. I hereby certify that I attended the deceased from 11-19, 1950, to 12-19, 1950 that I last saw the deceased alive on 12-19-1950, and that death occurred at 6:30 AM, from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Louis C. Rauts				23b. ADDRESS 508 N. Grand Ave.		23c. DATE SIGNED 12-19-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-19-50		24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City Mo	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE J. B. Blanton		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alexander + Son 1075 Delmar			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed: _____

Joe E. McCulloch

Licensed Embalmer No. *2460*

P. O. Address *1475 Delmar*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.